

# LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNA."

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## THE KENTUCKY STATE MEDICAL SOCIETY.

At the time of our present writing the Kentucky State Medical Society is in session. Representatives from a wide-spread arena of country are on hand. The greatest unanimity of feeling exists, and in a scientific, legislative, or social point of view the meeting is by long odds the most successful which has been held for years. We defer notice of the meeting until our next issue, when a full account of it will be given.

Dr. L. P. Yandell, Sr., has been elected president for the ensuing year, Dr. Dismukes and Dr. W. B. Rodman, senior and junior vice-presidents. The place of meeting for 1878 has been fixed at Frankfort.

THE New York Medical Record says the bill introduced in the New York Assembly is evidently a partisan measure in the interest of homeopathy. It provides for the appointment of one physician from the State Medical Society and one from the State Homeopathic Medical Society. The other members of the board are to be the attorney-general of the state, the surgeon-general, the state engineer, the superintendent of public works, and superintendent of state prisons.

THE Ontario law requires physicians to take out a license to practice (as was formerly the case in this city). Lately Dr. Jenks, of Detroit, had a professional call over the Canadian border, and the right hand of fellowship, which he should have received from the profession there, was extended to him by a detective. He returned to Detroit.

VOL. III.—No. 14

## Original.

### GANGRENE—AMPUTATION.

TAKEN FROM THE NOTES OF M. KEMPF, M. D.,  
BY J. E. KEMPF.

January, 1874, I was summoned in great haste to St. Meinrad to see a patient who had his leg terribly crushed by a wood-sawing machine set in rapid motion by horse-power. Thinking, from what I heard of the person who summoned me, that the injured part would have to be removed, I requested Dr. Knapp to accompany me.

We found the patient—a stout boy, aged sixteen years—in the following condition: He had rallied from the shock. The soft parts over the tibia-tarsal articulation were dreadfully lacerated, the joint was opened, and the foot dislocated. We cleansed the wound of the coagulated blood, etc.; secured the posterior tibial artery, which had been torn when the accident occurred, and trimmed the soft parts. We reduced the dislocated foot, brought the edges of the wound in apposition as well as we could, and secured the injured parts with sutures, compress, and bandage. This was about nine o'clock P. M. We remained at St. Meinrad all night.

On the following day, at six o'clock A. M., we again saw the patient, who had rested tolerably well from the effects of sulphate of morphine. The appearances of the injured parts were such that we entertained hopes of saving the limb.

The boy's parents lived about half a mile from St. Meinrad; and as it would undoubtedly be a long time ere the boy's limb would be restored, and as there is no better nurse

than a mother, we thought it best to have the boy removed to his home, thinking that no harm would result from the transportation, as the weather was about 32° F. Accordingly the patient was placed on a litter, and well guarded against cold. Four stout men carried him to his home. We left the following directions with the parents: the patient was to take anodynes when needed; the leg was to be kept on a straw pillow well elevated; compresses were to be applied to the wound steeped in a mixture of chamomile tea, acetate of lead, and tincture of opium. Nutritious diet was to be given to the patient.

On the third day after the accident had occurred traumatic gangrene set in, and this extended so rapidly that in forty-eight hours after its appearance it involved the foot and two or three inches of the leg. The system was rapidly becoming intoxicated with putrid infection (septicæmia) from the gangrened leg, although quinine, muriate tinct. of iron, nutritious diet, and stimulants had been given.

What was I to do? Wait until the line of demarkation, then amputate? Certainly not! But it was my duty to amputate the gangrened leg *immediately*, in order to save the patient's life. Prof. Gross eloquently says: \* "It will not do for the surgeon in such a case to fold his arms and become an idle spectator. He must have his eyes and wits about him, or his patient is irretrievably lost. Whatever is done must be done quickly. The wished-for line of demarkation will be looked for in vain, the gangrene will rapidly extend to the trunk, and death will soon close the scene."

Accordingly, the patient being under the influence of chloroform, I amputated the leg about seven inches above the tibia-tarsal articulation, making an anterior and a posterior flap. The arteries were secured, the nerves properly pared; and the flaps, after they had become well glazed, were brought in apposition by sutures and adhesive strips; over these was applied a Maltese cross of

patent lint. The stump was wrapped in a roller and placed upon a straw pillow in a suitable position. Nutritious diet, quinine, opiates, and iron were given to the patient. The stump healed partly by the first intention and partly by the granulating process.

What was the cause of the gangrene of the boy's leg? Not the rupture of the main arteries and nerves, for they were ascertained to be intact, except the posterior tibial artery. Not a debilitated condition of the patient, for previous to the accident the boy had always been in good health. Neither can we claim cold as the cause, as the weather was quite moderate for the season. May the gangrene not have been dependent on a laceration of the internal coat of the arteries, caused by the violent wrench to which the leg had been subjected, and thus causing gradual impediment to the flow of blood, and eventually blocking up of the vessels?

I give the following case in illustration as favoring this idea: In the fall, 1863, I was requested to visit Mr. Conly's son, a lad ten years of age, who while feeding a molasses-cane press with sorghum-cane, had his arm caught between the two valves, which crushed the boy's hand and carpus to a pulp of bones and flesh. The little fellow being disgusted with the blackish mass of meat and bones begged his mother to "chop it off," which she accordingly did with a hatchet; thus illustrating that in the backwoods-women of the "Hoosier" state there too exists a spirit of Spartanism. I amputated the forearm in the following "backwoods-fashion surgery:" To Dr. Fisher was assigned the duty of attending to the instruments, sponges, and to the ligation of the arteries; and to Mr. Cox the administration of chloroform. The injured boy being fully under the influence of the anæsthetic, I made an anterior flap; when, alas for the weakness of human nature, Dr. F. became faint, and resigned his post to Mr. Cox, and Mrs. Conly took the place of Mr. Cox. I now made a corresponding posterior flap, when, to my surprise, not a single arterial jet made its appearance, although the tourniquet was quite slack. I

\* Gross's System of Surgery, Vol. I, page 535.

searched for the radial and ulnar arteries and found them, after a little trouble, in their places, pulsating quite strongly, but no blood escaping at their cut extremities, which were closed by nature's process, that is, lymph and conglobated blood to the extent of about half an inch. No doubt the inflammation was caused by the tearing of the internal coat of the arteries when the forearm was mashed by the press.

Still, to guard against all hemorrhage from these vessels, I ligated them, and also the interosseous artery. The nerves and tendons being properly pared, the arm was dressed by sutures, adhesive strips, compresses, and bandage. I left the patient with the following directions: opiate to ease pain and to procure sleep; in a day or two he was to put his arm in a sling and move about. The stump healed by the first intention.

I related the last case just as it occurred in order to illustrate the backwoods-surgery of former times.

FERDINAND, IND.

### CONSERVATISM IN THE TREATMENT OF GUNSHOT WOUNDS OF THE KNEE.

BY W. T. CHANDLER, M. D.

Gunshot wounds of the knee with fracture in military practice, says Guthrie, are cases for primary amputation. This principle he holds to be imperative. "Unfortunately," says Dr. Ashurst, "this rule still holds good in spite of the many improvements in modern surgery." That it has been the universal practice of the military surgeon to act upon this authority the surgical history of the late war abundantly attests, both in cases of direct wound and when the missile fractures the osseous structure above or below the joint, with the line of fracture extending into the joint. "Indeed," says Longmore, "in fractures above the knee from rifle-balls amputation is held by most military surgeons to be a necessary measure, excepting in certain special cases, even when the wound does not involve the joint." The special cases of Longmore occur in the upper third of the

femur, and offer exceptions to the general rule from the excessive mortality attending amputation at the hip and upper third of the thigh. Hamilton, in his treatise on military surgery, emphatically informs us that "gunshot wounds of the knee-joint require either amputation or excision." The experience of the late war has, however, been decidedly adverse to excision of this joint. So far as I know, the principles of military surgery as enunciated in wounds of the knee have been most generally respected in civil practice.

Now the object of this paper is to show that in civil practice this rule should not be so imperative in every case, but that in favorable cases, where the patient is young and healthy, and the wound produced, as it most often is in civil practice, by pistol-shot, we may expect fair results from conservative practice, and such plans will often be both safe and judicious.

That an ankylosed joint is preferable to an artificial limb is no question. The only question is, whether the additional risks for life are sufficient to warrant conservatism.

In my judgment, under circumstances specified above, we are safe in giving nature an effort when, if organic changes assume such an aspect as to demand it, secondary amputation may be performed with, however, its increased mortality. The following case is in point:

R. J., aged eighteen years, a strong, athletic young man, received a wound from a large navy-pistol half-ounce conical ball; distance of combatants about twenty feet. The ball entered the left leg on the anterior (slightly exterior) aspect of the left leg, about an inch above the superior border of the patella, and ranging slightly downward passed through the leg and emerged in the popliteal space, slightly exterior to the popliteal vessels, fracturing the femur, the line of fracture extending to the joint.

I saw the patient in a few minutes after the receipt of the injury, and immediately sealed the wound of entrance and exit with layers of adhesive strips, placed the fractured bone in apposition, deposited the limb

between sand-bags, and commenced irrigation with cold water from a sponge, having previously covered the wound with lint wrung out of cold water.

In the mean time a council was held in which it was decided to amputate the limb in the lower third; but the patient preferred to take his chance for life and limb, with the result that follows.

In twenty-four hours the limb and joint became swollen to an extent twice as large as the opposite limb and knee. Inflammatory fever accompanied the local changes, and the joint became very hot and tender. I now had the knee incased with bags of ice (two bags) over a simple fold of linen cloth. This active refrigeration was maintained for three days, and two days longer at intervals, using cold water alone part of the time. For the first two days the ice continually applied did not reduce the inflamed knee to its normal temperature. By this time we were enabled, however, to maintain the parts at a normal temperature by the use of ice and water, and finally by the use of water alone. Indeed the further continuance of the ice seemed to depress the vitality of the parts, and was necessarily discontinued. The object of this treatment was to control the inflammatory action, and, if possible, prevent suppuration of the joint.

In about a week, all cold applications becoming unpleasant, the limb was deposited in a fracture-box and the parts packed with bran. A little water, together with the heat of the inflamed joint, brought about a fermentation, which was maintained at proper temperature by the occasional use of the ice-bags.

At the end of two weeks—the external wounds having united under the sealing without suppuration, and the inflammatory action being of a subacute form in the knee-joint—I determined to apply the plaster-casing, which remained on twenty-four days, at which time I discontinued all bandages and local treatment. I supported the limb by a strip of cloth carried around the neck and under the plantar aspect of the foot,

allowing the patient to get out on crutches and take the air.

From that time there has been a steady improvement in the case; and though the knee is slightly enlarged, there is still some motion in the joint, which will improve with time and the proper use of the limb. With the exception of slight shortening and a little stiffness in the joint, it bids fair to be a very useful limb, much better than any artificial leg could be.

Here is a case which under the ordinary circumstances of military practice would have been forced to submit to amputation, and indeed would have felt the weight of the catling but for his obstinate determination to "live or die with two legs." Now no one would pretend to argue that if a few cases get well without amputation, this should invalidate the general principle that brings these wounds under the test for amputation; but it does teach us that this rule is not imperative, and that where we have a favorable case with the proper hygienic surroundings, and where we can give the patient our personal supervision, we may oftentimes trust our case upon conservative principles. If by proper care the external wound can be closed, and the inflammatory changes in the joint can be kept within due bound, suppuration of the joint may be prevented; but if the wounds should slough and suppurative changes take place in the joint, further conservatism would be a dangerous experiment, and immediate amputation would be demanded before excessive drainage had undermined the strength of the patient and rendered operative interference too late. We should therefore never forget that whatever statistical histories may require of the military surgeon, in civil practice we have different cases entirely, and the ordinary pistol-shot is not to be compared to the conical ball of the rifle.

Now let us examine the case analytically, and see the important lesson that is to be learned, viz., that perfect rest, the wound hermetically sealed, with the graduated ap-

plication of cold and heat, has saved the limb if not the life of our patient. Perfect rest of the parts and accurate apposition of the fractured extremities of the bone would naturally suggest itself as the initiatory step to conservatism. The next step was to hermetically seal the wound; this may be done with gauze and collodion, or by repeated layers of ordinary adhesive plaster. By this means we convert a compound into a simple fracture, and get rid of the poisonous effects of atmospheric air upon open wounds and joint cavities. In my opinion the favorable results to be obtained from Professor Lister's antiseptic dressings in like cases is more to be attributed to the closing of the wounds than from any reputed antagonism between carbolic acid and bacteria. That bruised tissues will heal without suppuration or sloughing, and that effused blood will be taken up by absorption, is abundantly demonstrated every day by cases of simple fracture where violence is done to the contiguous tissues by the rough ends of the bone sometimes as great as can be done by the passage of a ball through the parts. Lately I had under care three pistol-wounds, all of which healed without suppuration or slough under the hermetical dressing.

It is all a mistake to say that through the track of the wound sloughing is necessary in gunshot injuries. The bruised tissues are not killed, but impaired in vitality. If exposed to the action of the air they will generally die, and a slough will form as the result of the devitalization of the tissues; but if protected from atmospheric influence nature will often restore the enfeebled tissues without material loss. The blood and whatever debris may result from the injury will be absorbed, and union take place by adhesion from a minor grade of inflammatory action.

With regard to the use of ice, it must be apparent even to the most inexperienced that the indiscriminate use of ice by continued application of the ice-pack would be a source of inestimable harm, reducing the vitality of the parts to a point incompat-

ible with healthy tissue-changes. A certain amount of inflammatory action is necessary for repair. A proper estimate of this must be weighed in the judgment of the surgeon in individual cases, and will determine to no small extent his skill. But in cases of wounds of the joints, direct or proximal, ice may be necessary to prevent complete destruction by a high grade of inflammatory action.

Under any circumstances the cold applications can seldom be continued throughout the case, and often it becomes necessary to replace them by heat and moisture in the very inception of the trouble. Cold applications must be replaced by warm ones when suppuration becomes established, or a slough begins to separate. For this purpose I have found nothing superior to the fermenting-poultice prepared by keeping the parts packed with wet bran, the heat of the limb being usually sufficient to bring about the desired fermentation.

Lastly, as regards the use of the plaster-dressing: In my humble experience there is no simple contrivance in all the domain of surgery of more general utility than the fixed dressing when properly applied to fractures, and especially to fractures in the vicinity of joints. That the immovable dressing is destined in the near future to supplant all manner of splints, boxes, and other contrivances in fracture is earnestly to be hoped for. With my friend and preceptor, Prof. Keller, "I see in them nothing but instruments of torture." The plaster-dressing fits so accurately the inequalities of the limb it secures uniform and equable pressure as a bandage; at the same time by its firmness it maintains absolute immobility to the fractured bone, and when once properly applied it is seldom necessary to remove it until complete union has been obtained. Open wounds should be no obstacle to the use of the plaster-dressing, as they may be inspected and dressed through windows cut in the dressing to correspond with the wound. It is better, I think, to wait a few days after a fracture, until the partial subsidence of



the necessary swelling incident to fracture, before applying the starch- or plaster-dressing. However there is a different opinion advocated by some very excellent gentlemen, who think it safe and best to apply the bandage immediately to the fractured limb; not, however, without having it first well padded with cotton.

CAMPBELLSVILLE, KY.

## Formulary.

[Communicated by various practitioners.]

### IN PNEUMONIA, GREAT DEBILITY, AND SYMPTOMS OF HEART-CLOT.

- R Ammonia carb..... ʒ ss;  
 Syrupi acaciae..... ʒ ij;  
 Aquæ dest..... ʒ ij. M.  
 S. Tablespoonful in water every two hours.

### IN FETID DIARRHEA OF CHILDREN.

- R Creosoti..... gtt. xij;  
 Acid. acetic dilut..... gtt. xij;  
 Tinct. opii..... gtt. xxiv;  
 Tinct. krameria..... ʒ vj;  
 Mucilag. acaciae..... ʒ jss;  
 Aquæ menth. pip..... ʒ jss. M.  
 S. Dessertspoonful in water every two or four hours.

### FOR NEURALGIA.

- R Ammonia muriatis ..... ʒ ijss;  
 Morphia muriatis ..... gr. ss;  
 Aquæ dest..... ʒ iv. M.  
 S. Tablespoonful every hour.

### LOCAL SEDATIVE LINIMENT.

- R Chloral hydrat..... ʒ jss;  
 Camphor pulv..... ʒ jss;  
 Tinct. aconiti rad..... ʒ ij.  
 M. Rub well into fluid form.  
 S. To be rubbed gently over painful parts. May become rubefacient.

### IN CATARRHAL CROUP OF CHILDREN.

- R Calomel..... gr. ij;  
 Ipecac ..... gr. j;  
 Nitrate of potash ..... gr. xvj.  
 M. Make two powders. S. Give one at bed-time.

### FOR COUGH IN FIRST STAGES OF BRONCHITIS.

- R Potass. bicarb..... ʒ ij;  
 Potass. bromid..... ʒ ss;  
 Syrupi ipecac ..... ʒ j;  
 Syrupi tolu ..... ʒ j;  
 Aquæ..... ʒ j. M.  
 S. Teaspoonful four or five times a day.

## Miscellany.

"PRESIDENT George Washington once sent to his cousin, Mrs. Washington, of Fairfield, a letter introducing a physician famed for the cure of cancer; and this letter has just been sent to Cincinnati to be sold by the descendants of the lady."

It was a prevalent notion in those days, amounting to a mild form of superstition, that special gifts and powers in the combating of disease were possessed by physicians, some in one direction and some in others. One was said to be strong in chronic diseases, another good in fever or cancer or consumption, and so on. Certain families even were credited with special aptitudes, particularly in regard to "bone-setting," which as a family trait was claimed for females as well as males. Another expression of this mystical belief was the name acquired by some who were deemed to be "born" physicians, as contra-distinguished from those whose skill came from education. Vaunted recipes, too, for pills, etc., were handed down from father to son in successive generations of practitioners. "My elixir vitæ" and "my pills royal" are among the names of compounds that served to kill or cure our ancestors. This kind of practice was at no time regarded as accordant with the honor bright of the profession, but it was not sufficiently bad to shut its perpetrators out from such fellowship as then existed.—*Proceedings of Kings County (N. Y.) Medical Society.*

THE use of chloroform as an aid in the perpetration of nocturnal robbery and other crimes has frequently been alleged but seldom proved. By the profession at least narratives of that kind are commonly received with a great many grains of allowance. That this skepticism is not groundless or unreasonable is shown by the results attending certain curious experiments that have been tried at the Hospital Beaujon by M. Dolbeau. He tested the effects, on persons already plunged in profound natural sleep, of chloroform-

vapor, a napkin thoroughly saturated being held at the proper distance from the face of the patient, so that he should not be disturbed by contact. The effects were found not to be the same at all ages. In the case of adults the vapor emanating from the napkin generally caused an abrupt awakening, with more or less jactitation, and sometimes with outcry. With young children the effect was to produce anæsthesia quietly and without arousal. These observations, if fully confirmed, will have a manifestly important bearing on certain questions in legal medicine.—*Ibid.*

**RING-SICKNESS.**—This is not dissimilar from sea-sickness; it requires long experience in a ring to overcome the nausea consequent upon going round and round in one direction. One of the most difficult things for a circus-rider to overcome is this sickness. Clowns and ring-masters suffer from it greatly; at first from merely seeing the horses going round and round; but even after years of experience a ring-master (whose principal business in the ring is to keep the horses up to a certain gait, and not merely to give cues to the clown), if a horse balks or gets behind time, and he is obliged to get close upon him, is very likely to suffer from a pronounced fit of sickness at the stomach after he leaves the ring.—*Phila. Reporter.*

**THE "STRETCHES."**—Dr. R. W. I'Anson, writing from Surry County, Va., to the Virginia Medical Monthly, says: "There is one quite common complaint here to which I would call attention. At some period during the first month of infantile life the little creatures are taken with what the old ladies call the 'stretches.' This name reveals the most prominent symptom in the case. The infant appears to have chills, but does not, for there is seldom any fever, and the course of the complaint is slow. I attribute the nervous symptoms to imperfect performance of some function of the liver, which, unless remedied by proper treatment, is apt to cause

convulsions, and terminate fatally. For such cases the following prescription succeeds very well:

R Blue mass ..... gr. ij;  
Dover's powder ..... gr. j;  
Sulph. quinine ..... gr. j;  
Prepared chalk ..... gr. ij. M.

Divide into eight powders. Give one every four hours *pro re nata*. In some cases the disease yields readily to this treatment; in others it is more obstinate, and returns from time to time. In these latter cases give mercury and chalk every other night until the liver acts freely."

**CHOOSING A PHYSICIAN.**—"To choose a physician," as Lady Mountcashel has well remarked, "one should be half a physician one's self; but as this is not the case with many, the best plan which a mother of a family can adopt is to select a man whose education has been suitable to his profession, whose habits of life are such as prove that he continues to acquire both practical and theoretical knowledge, who is neither a bigot in old opinions nor an enthusiast in new; and, for many reasons, not the fashionable doctor of the day. A little attention in making the necessary inquiries will suffice to ascertain the requisites here specified; to which should be added what are usually found in medical men of real worth, those qualities which should serve to render him an agreeable companion; for the family physician should always be the family friend."

**THE value of blue glass as a histological forcer** was nowhere better shown than in the case of the man who attempted to cure a wart on his nose by its use. In two weeks' time he was unable to tell which was the nose, and which was the wart.

**MARRIAGES and deaths** will probably be indicated in the paper of the future under the head, "Mated and Cremated." "Hatched, Matched, and Dispatched" was formerly the style in the West.

THE MEDICAL PROFESSION IN THE UNITED STATES.—Under the above title the Gazette Hebdomadaire (Jan. 12, 1877) has a *feuilleton* which is of unpleasant interest to Americans. We will quote a few paragraphs, and can commend the article as wholesome reading for both the profession and the general public:

"It is incredible that in a country where intelligence is so general and diversified persons are every where to be found able to gain the confidence of the public, to make ready followers, and by dishonorable means supplant educated and conscientious physicians. The number of quacks in England is considerable, but it is much greater in the United States. . . . Abortionists are nowhere so common, and make little attempt at secrecy. It almost appears as if, in a country where Puritanism ignores but tolerates prostitution, houses are protected where all the laws of morality are violated. It is a fact that these people, men and women, can only be brought to justice when the body of a victim can be seized.

"Medical education (in the United States) is more than defective; it is bad. The means of remedying the evils are to be sought in the voluntary action of medical colleges, in legislation, or in public opinion.

"Unfortunately there exists a jealousy between the different schools, a rivalry which prevents united action.

"The public, which is chiefly interested in this matter, looks on with perfect indifference. The publicity which charlatanism finds in the daily papers is one reason of this, as a community will never see the utility of reforms in medical education when the public journals encourage the speculative tricks of quacks, and when clergymen and others who are considered intelligent patronize patent medicines and add their signatures to recommendations of their value."—*New York Medical Journal*.

THE Council of Kings College (London) have tendered the chair left vacant by Ferguson to Mr. Lister.

## Selections.

Symptoms of Typho-malarial Fever.—Jeff. D. Williams, M. D., of Philadelphia, Miss., in the Virginia Medical Monthly for March, contributes a paper on Typho-malarial Fever, from which we extract the following:

"In typho-malarial fever some of the more prominent symptoms of typhoid fever, especially those indicative of abdominal lesions, such as tenderness over the right ileo-caecal region, tympanites, and diarrhea, are intermingled with those of periodical or malarial fever. I may say, however, that diarrhea is not an absolutely essential condition in typho-malarial fever, although it is an essential condition in typhoid fever, ulceration of Peyer's glands being a necessary consequence in typhoid fever. Again, in the last stage of intestinal tuberculosis there is a diarrhea which is also due to ulceration of Peyer's glands, but the pathological lesions of the glands in this disease and typho-malarial and typhoid fever as well are strikingly characteristic. In typho-malarial fever and in typhoid fever the ulceration is longitudinal as regards the intestine, while in tuberculosis of the bowels affecting this region the ulcerations are circular in their arrangement, following the course of the blood vessels.

"A chill is one of the most constant attendants upon the formal access of typho-malarial fever; this is followed by more or less heat of the skin. Pulse generally accelerated, ranging from 85 to 140; respiration may be disturbed, sometimes attended by cough; however the sputa are generally small in quantity, unless from complication of pneumonia. Bronchitis is often present. Suppuration of the parotid glands sometimes occurs. Pain in the head is one of the most common symptoms, attended with pain in back and limbs. Nausea and vomiting are frequently present. The appearance of the countenance is peculiar, seemingly dull, listless, and vacant. Drowsiness and stupor are characteristic. I have noticed my patients to be indifferent and seemingly timid at times, while again they were impatient and irritable. Dimness of vision, foul, dry, red, and more or less painted tongue, loss of appetite are prominent symptoms. Deafness is almost always complained of throughout the whole attack. About the second week an eruption makes its appearance. This eruption is not so bright as the rose-colored eruption of typhoid. It has more of a brownish appearance; the papules are not quite so isolated, although confined mostly to the trunk. They will not always disappear on pressure. The stools are of a yellowish color, liquid and somewhat turbid, and have an alkaline reaction, hence the old theory of an acid treatment. Diarrhea may be considered a prominent



symptom in proportion as the intestinal lesions are extensive. We almost always find tenderness of the whole extent of the bowels, with gurgling in the iliac region, especially the ileo-coecal region. In fact most of the symptoms peculiar to typhoid fever are present in this disease. I sometimes think that *typho-malarial* is a misnomer—that it is only a milder form of typhoid. The profession has too many names for disease, any way."

**Treatment of Typho-malarial Fever.**—"The most essential points in the treatment of this disease consist in controlling the bowel trouble, and in giving plenty of good nutrition and stimulants, especially in the latter stages of the disease. To control the bowel symptoms I find nothing more excellent than subnitrate of bismuth and Dover's powders, unless the diarrhea becomes excessive, when I employ an electuary of pulverized opium, acetate of lead, subnitrate of bismuth, and glycerin, and use as an injection. When the tongue is very red and dry, denoting much inflammation of the bowels, I give a strong solution of chlorate of potash—most emphatically, the best remedy for this condition. We are familiar with its virtues as a therapeutic agent in the treatment of all local inflammations of the mucous membrane. When given internally we can detect it in the urine in less than fifteen minutes. I have used this remedy when the bowels were enormously distended, tongue dry, red, and painted, and in less time than twelve hours—sometimes even within six hours—have denoted a change in the appearance of the tongue; it becomes pale and moist; the tympanitic distension of the bowels is relieved, and the general symptoms denoting inflammation become more favorable. Chlorate of potash comes in direct contact with the inflamed mucous membrane of the bowels, and especially the Peyerian glands. Modern Physiologists direct our attention to the fact that these glands are the beginning of the lymphatic system in the intestinal canal, although formerly their function or purpose was not known. Flaxseed poultices act well when the bowels are much distended, although sometimes we are compelled to make use of a blister. Turpentine should not be used, from the fact that it so frequently disorders the stomach. I do not think it does any good whatever, unless in getting rid of the gas; then, also, there is danger of its causing strangury. Quinine is of no therapeutic value in the treatment of this disease; in fact I believe it tends to aggravate the symptoms. Sleep must be had, and for this purpose I always prescribe hydrate of chloral and bromide of potassium in combination. This combination acts much better than sulphate of morphia, as it generally produces a dreamless, refreshing slumber; I sometimes use camphor-chloral. When the temperature is very high, pulse full and weak, I

use Norwood's tinct. verat. viride, the most reliable of all the arterial sedatives. During the febrile stage I frequently make use of spts. nitr. dulc. as a diuretic alternating it with the neutral mixture of the Dispensatory. But as I said before, we have no specific treatment for this disease. We can but aid Nature, and clinical experience has taught me that the remedial agents I have mentioned above are among the best our profession have as yet discovered."—*Ibid.*

#### Internal Administration of Tar in Psoriasis.

Geo. M. Hirons, in British Medical Journal, says:

"In the Journal of February 19th Dr. R. H. Clay recorded two cases of psoriasis in which tar had been given internally unsuccessfully, but which were soon cured by the external use of the same drug. The following number of the Journal contained letters from Dr. McCall Anderson and Mr. Balmanno Squire; the former confidently adhering to his previously expressed opinion 'that tar is sometimes successful after arsenic and other remedies have failed,' the latter pointing to the cases as supporting his statement that 'tar administered internally is not any assistance to outward tar in the treatment of psoriasis.'

"A few weeks later, March 10th, I was consulted by E. S., aged twenty-three, with psoriasis inveterata of twelve months' standing. He stated that he had been treated by several medical men with little or no benefit, although he had taken arsenic in large doses for a considerable length of time. I therefore resolved to try tar internally without any external application, and commenced by giving him three grains of liquid pitch made into a pill with flour three times a day. On the 17th he was ordered to take four pills daily. On the 24th it was noted that the eruption was, if any thing, more extensive, but that the patches were not quite so elevated. I then gave him a confection composed of one part of liquid pitch and three parts of treacle. Of this he was directed to take a teaspoonful twice daily. At the end of a week he began to take the same dose three times and in a fortnight four times a day. The four doses, containing about sixty grains of the pitch, were not well borne, producing nausea and diarrhea, so that it was necessary to omit the drug for several days, and then give it in smaller and less frequent doses. Nevertheless the disease was rapidly declining, and by the middle of June had quite gone. As yet (November 29th) it has not reappeared.

"The above case serves to illustrate what I have frequently seen in Dr. McCall Anderson's practice; and if it do not show that tar administered internally assists the outward use of the same remedy in the treatment of psoriasis, it certainly proves that the disease will disappear under its internal use without any external application whatever."

**The Use of Hydrobromate of Quinine in Diseases of Children.**—In a communication to the *Allgemeine Med. Central-Zeitung* Dr. Steinitz, of Breslau, gives the results of his experience of the use of hydrobromate of quinine in children's diseases.

He used it in an extensively-prevailing epidemic of whooping-cough, giving it generally in a mixture composed of three to five parts of the hydrobromate in one thousand of syrup, the dose being a teaspoonful every two hours. In no case was it necessary to use any other remedies. The whooping-cough had in twenty-three cases lasted on an average ten weeks, and in fifteen others twelve weeks; and in the use of the remedy the paroxysms became in the course of a week less frequent and milder. No after-effects upon the alimentary canal were discovered. Three deaths occurred, all in very atrophic and scrofulous individuals, in whom other complications were present. Dr. Steinitz takes the opportunity of remarking that he prescribed in several cases the extract of *castanea vesica*, which has been extolled as a remedy, but without good results.

He also used the hydrobromate of quinine in nine cases of spasm of the glottis. Three of the patients died after only a few paroxysms. The remaining six recovered. The medicine was prescribed as stated above, and was borne well. In all the six cases the attacks diminished, at times varying from the third to the fifth week, in intensity as well as in frequency; and the duration of the disease was in no case longer than from four to six months. This result is satisfactory when compared with the previous course of the disease under the use of other medicines, such as bromide of potassium, oxide of zinc, valerian, and musk, none of which could be borne for several months together.

Dr. Steinitz has also given the hydrobromate of quinine in the dental convulsions of children, but can not as yet speak of its efficacy in this malady. He regards it, however, as deserving a trial.—*Lond. Med. Record, from The Clinic.*

**Salicylic Acid in Iritis.**—Dr. Leonard Wheeler, in *Boston Medical and Surgical Journal*, says: "My own experience with salicylic acid in iritis is worthy of record. I have suffered repeatedly from this affection in each eye, in all twelve times—eight full attacks and four abortive. In each full attack there was about a week during which the pain, especially at night, was very severe. Till the last time I found it best controlled by a quarter of a grain of morphia, given subcutaneously in the temple. In my last attack I took, one evening, in the stage of invasion a drachm of salicylic acid in ten-grain doses every hour. There was no change for the better or worse for some days after. Then, after exposure, I rapidly grew worse;

pain came on, and I took opium by the mouth and subcutaneously for two nights, with only partial relief. On the third evening I tried salicylic acid as before, slept all night, and awoke with a clear head and good appetite. I took the acid every evening, gradually diminishing the dose to thirty, twenty, and ten grains, and had no more pain. The eye seemed to clear up more rapidly than usual. I took from ten to twenty grains every evening for three weeks; and after the interval of a fortnight, during which the eye again became threatening, for four weeks longer, sometimes with additional morning and noon doses in case I felt any rheumatic pains. This experience seems not only of practical value, but also supports the argument in favor of the rheumatic origin of what is indeed usually called chronic rheumatic iritis. But of the oculists I have consulted, several disclaimed the belief in such an origin, saying that a majority of their patients had no rheumatic history; and, as to hereditary acquirement, that there were few families without rheumatism. I suppose I should be reckoned among patients without such a history, never having had any more definite rheumatic symptoms than pain, more or less acute on motion, in the sciatic, intercostal, and lumbar regions. The lumbar pain for two years past has often been sufficient to keep me awake. While I have been taking salicylic acid these symptoms have been much less frequent and severe, and their coming and going really seem to be controlled by the drug. If they come, it seems to be when for a few days I am taking little or no acid, and larger doses remove them. In one dispensary case, under similar circumstances, the acid seemed to be a remedy. In two others it was not successful. I have experienced no unpleasant effects from this long and free use of the acid, except a slight constipation."

**Treatment of Pelvic Cellulitis by Muriated Tincture of Iron and Sulphate of Quinia.**—C. C. McDowell, M. D., of Baltimore, Md., in the *Virginia Medical Monthly*, says:

"Owing to the confusion in the nomenclature of inflammations of the pelvic organs and tissues, due to the attempt to strictly localize each inflammatory disturbance, and to give it a name in accordance with its seat, thus dividing pelvic cellulitis into perimetritis, parametritis, inflammation of broad ligaments, etc., it is proper to state that these distinctions are not observed in the cases reported below. Pelvic cellulitis is here understood to embrace all those forms of inflammation occurring in the neighborhood of the uterus, in which the inflammation of the cellular tissue is the *prominent* lesion, and which, in its usual course, tends so markedly to suppuration. In not a single case that I have ever seen has there been absence of such complication as metritis, more

or less peritonitis, etc.; nor do I believe that such freedom exists. In all cases, however, the *cellulitis* was that which was forced upon the attention, and which most earnestly demanded treatment.

"Suppuration has been regarded as an almost necessary result of this disease—this being particularly true of cases occurring in debilitated or cachectic persons. Hence we are disposed to await it as a necessary evil, or else to place our sole reliance for its prevention, and the induction of resolution, upon rest, poultices to the hypogastrium, and rubefacients. If we can, however, find a more direct means to promote resolution and lessen the liability to suppuration, with its attendant train of evils, the consequences of the disease will be much less grave, and our dread of it will be proportionately diminished. But notwithstanding resolution the uterus and its appendages may be left in a disabled condition, in consequence of peritoneal adhesions, metritis, salpingitis, etc. Yet these results are not to be dreaded so much as when are added to them these consequent upon an unhappy point of discharge of the abscess, the cicatrization of large cavities, or their conversion into chronic abscesses, etc.

"For the last year, in the hope of inducing resolution in these cases, I have been using free doses of tincture ferri chloridi, with quinia sulphas. The iron was administered in quantities ranging from forty minims to one drachm, as the stomach would bear it, with from two to three grains of quinia every three hours, until evidences of absorption of the effused matter could be observed, when the intervals were lengthened and the quantity gradually reduced."

**Cause of Infantile Diarrhea.**—Dr. Richardson, in Report of City of Boston Health Board, cites the results of Baginsky's researches merely as additional evidence of the unsuitableness of particular articles of food, without attempting to draw further conclusions from the facts observed, the object of his paper being to present certain information in a somewhat popular form. These new data appear, however, to suggest a theory of the pathogenesis of summer diarrhea, which, in the absence of any more satisfactory explanation of the phenomena, may perhaps be ventured upon. According to this theory the generation of summer diarrhea is chiefly due to a single morbid agency, namely, the ingestion of more or less decomposed food, this contingency being itself dependent upon a combination of conditions, all of which had separately been recognized as deleterious to infant life. Each then of the successive investigators of infantile diarrhea in Leicester was partially correct in his surmises when incriminating certain harmful conditions. The solar heat cited by one, the impure milk adduced by another, the ill-drained and sewage-logged subsoil and the choked sewers brought for-

ward by others, in explanation of the phenomena under investigation, were all but so many separate factors contributing to a common result—rapid decomposition of the infant's food.

This theory of infantile diarrhea appears to account in a tolerably simple and at the same time comprehensive manner for nearly all the phenomena involved in the problem which it is intended to meet; it conciliates the diverse aetiological views hitherto entertained on the subject, and assimilates as so many concurrent factors the various morbid agencies whose harmfulness has already been unequivocally demonstrated.

The preventive measures indicated by this theory should be directed against each of the controllable factors concerned in the generation of infantile diarrhea. Setting aside the excessive heat of our summers as being of course beyond our control and almost wholly unavoidable, the liability of the infant's food to be rendered poisonous by decomposition can undoubtedly be lessened, on the one hand, by measures designed to encourage and facilitate maternal lactation or wet-nursing among the poor; and on the other hand by such purification of the air as would result from establishing suitable provision for ventilation, house-drainage, and public sewerage in the crowded districts of the city.

The measures proposed by Dr. Richardson for the reduction of the death-rate among infants are in accordance with these views, being as follows: 1. Greater attention to the general sanitary condition of the city and the adoption of an improved system of sewerage; 2. The establishment of public parks and squares in and about the city; 3. A systematic and frequent inspection of the homes of the poor; 4. The dissemination of the rules which should govern the bringing-up of children; 5. The establishment of diet-kitchens; 6. The establishment of country homes; 7. The establishment of infant day-asylums; 8. The establishment of foundling-hospitals; 9. The isolation of contagious diseases.—*Boston Med. and Surg. Jour.*

**Santonin in Epilepsy.**—J. F. Horne, in the British Medical Journal, reports the following:

"Santonin is stated by Mr. Spencer Wells to cause patients to see objects either yellow or green in color; and this fact has been confirmed by Dr. Macnamara, and attributed to the production of some cerebral disturbance. In the following cases I was led to administer santonin, thinking that the epilepsy depended upon the presence of lumbricus in the intestines. The stools were carefully examined, but no trace of the parasites could be discovered.

"Case 1: J. P., aged 10, about three years ago had an injury to one of his fingers; and while under the treatment of a woman bone-setter she tore off (the father of the child says) the nail before the proper

time for its removal. As the finger became worse the father placed him under the care of a surgeon, and it rapidly healed. Immediately after this he noticed his son to suffer from slight giddiness; sometimes, in walking, appeared as if asleep for a few seconds; in running, he had been seen to stop and, after the attack had passed, start off again. When he came under my care, six months ago, the attacks were very frequent, longer, more severe, and following in quick succession, often several in an hour; he fell anywhere, and had, as a sequence of this, a large sloughy wound five inches long, following the course of the superior curved line of the occipital bone. I gave him bromide of potassium in increasing doses alone, and afterward combined with belladonna and sulphate of zinc, but with no good effect. I then left off the bromide mixture and gave him a grain of santonin, increased to four grains daily, for a few weeks, with the result of a complete cure.

"Case 2: T. M., aged 19, miner, consulted me, suffering from muscular twitches in the extremities, with epileptic seizures, of four years' standing. The twittings occurred several times daily, and more often in his sleep, with a fit once or twice a week, generally on rising in the morning. He took santonin in powder, five grains daily, with twenty-grain doses of bromide of potassium thrice daily, for a month, without any return of the convulsions, and the twittings were much relieved. I then left off the santonin and doubled the dose of the bromide, with the result of two fits within the week, certainly modified, but still of marked character.

"May not the evident cerebral disorder set up by the administration of santonin be in some measure curative of epilepsy, and something more than mere coincidence? I do not feel that the evidence is conclusive in so few cases, but it opens out a field for clinical research."

#### Peruvian Balsam as a Dressing for Wounds.

At a recent meeting of the Berlin Medical Society Dr. Wiss read a paper in which he advocated the use of Peruvian balsam as a dressing for wounds of all kinds. He had found it highly useful in gunshot and lacerated wounds, in wounds with loss of substance, and suppurating wounds. Its application produces a momentary burning pain, which soon, however, ceases even in wounds of the most severe and painful character. It produces neither inflammation nor suppuration; and if these be present they soon cease after its application. He had met with no case in which wounds treated with the balsam underwent septic infection, even in the most unfavorable local and climatic conditions. In all the cases in which he had used it healing took place by the first intention. He had found it to repress exuberant

granulation. The antiseptic property of Peruvian balsam reminded him that it had been recommended by Marcus in chronic pulmonary catarrh; and he had used it in two cases, in the form of an emulsion (one tablespoonful of a mixture containing four parts in one hundred and twenty), with good result.—*Berliner Klinische Wochenschrift*.

#### Therapeutic Uses of Salicylate of Soda.—

Dr. C. Kunze (*Deutsche Zeitschr. für prakt. Med.*) recommends salicylate of soda as a means of rapidly relieving the pain of gout. In two cases of gout of the foot a single dose of one drachm was followed in three hours by complete cessation of the pain; the swelling, however, remaining ten days longer. In a case of gout in the hand the pain ceased after the use of forty-five grains of the salicylate daily for eight days, the hand recovering its utility. Dr. Bode (*Allgemeine Med. Central-Zeitung*) states that he found salicylate of soda to relieve pain in a case of mastitis and in one of rheumatic fever. Dr. L. Hoffmann (*Berliner Klin. Wochenschrift*) has found it remarkably efficacious in gout of the hands and feet, and relates successful cases of its use in sciatica, tic douloureux, and intercostal neuralgia. He recommends seven grains and a half to be taken in a gelatine capsule every hour. Dr. Abelin, of Stockholm (*Nordiskt Med. Arkiv.*, Band viii) prefers salicylate of soda to salicylic acid as a remedy for children. It is more easily tolerated; its antipyretic action is certain, though of brief duration; but it has little effect on the course of the disease.—*British Medical Journal*.

**Remedy for Headache.**—John E. Lockridge, M. D. (Amer. Practitioner), says: "Having observed that bromide of potassium in twenty- or thirty-grain doses, and tincture of aconite root separately, relieved more cases than any remedies I had previously exhibited, I experimented with large doses of the drugs combined. For several years I have been in the habit of giving in these cases sixty grains of the bromide of potassium and ten drops of the tincture of aconite root in a wineglassful of water, the same to be repeated in an hour or two if the head be not relieved; but a repetition of the dose is very seldom required. In the case of ladies and others who wish to have the remedy always at hand, or who are about to start on a journey, I supply them with the following mixture:

R Bromide of potassium .....  $\bar{3}$  ij;  
Tincture of aconite root .....  $\bar{3}$  j;  
Distilled water .....  $\bar{3}$  ij;  
Simple syrup .....  $\bar{3}$  ij.

M. S. Take a dessertspoonful in some water every hour until relieved."